	<b>B</b>		in the second of the second o	
1. County of July	ARIZONA S	TATE BOA	RD OF HEALTH	
District of	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH		State Index No. 16/ County Registrar No. 745	
or	No	* 42441 orlina	Local Registrar No	
10	anita Sha	w	If child is not yet named, make supplemental report, as directed	•
3. Sex of Child To be answered ONLY in event of plural births.	Twin, triplet or other.  No., in order of birth.	6. Legitimate:	i. Date of birth Month day year	24
s. FATHER Full name (1) Place Louis	14.	niden nameCless	mother ne Eugliea Andl	ls.
(Usual place of abode)	iami 15. Re	sidence (Usual place ct al nonresident, give p	<i>[]</i>	7 .
16. Color or race  11. Age at last bir		ler er race	17. Age at last birthday 19 (Years	<u> </u>
12. Birthplace (city or place) Steph	ensille 18. Bi	rthplace (city or p		• •
13. Occupation  Nature of industry	N	rcupation ature of industry	Housewile	
(Taken as of time of birth of child herein (b)	Born alive and now living	21. Were thalmis	precautions taken against open- neconstorum?	
CERTIFICAT I hereby certify that I attended the birth of th	E OF ATTENDING PHY	SICIAN OR MID	WIFE*SD at	ı.
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from	Signature Byril M	1. brow ini a	M.W. (Physician or midwife)	
a supplemental report Month, day, year.  Rygistrar.	Filed 10 -	6 1,24	County Registrar.	•
: <del></del>	426-92	2-3	16	